MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 / 549552** FILING DATE

APPLICANT(S)

4/19/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/				51						
2		1		/			52						
3		1		/			53						
4		1		/			54						
5		1		/			55						
6		1		/			56						
7		1		/			57						
8		1	/				58						
9		1	/				59						
10		1	/				60						
11		1	/				61						
12	1		/				62						
13		1	/				63						
14		1	/				64						
15	1		/				65						
16	1		/				66						
17			/				67						
18			/				68						
19		1	/				69						
20			/				70						
21		1	/				71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	14	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21		21				TOTAL CLAIMS						